

PCT REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office Use Only

International Application No	
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference <small>(if desired)(12 characters maximum)</small>	8001.112/10

Box No. I TITLE OF INVENTION

Technique for Effectively Generating Postage Indicia Using a Postal Security Device

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Ascom Hasler Mailing Systems, Inc.
19 Forest Parkway
P.O. Box 858
Shelton, Connecticut 06484-0904
United States of America

☐ This person is also inventor.

Telephone No. (203) 926-1087

Facsimile No.

Teleprinter No.

State (i.e. country) of nationality: US

State (i.e. country) of residence: US

This person is applicant ☐ all designated ☒ all designated States except ☐ the United States ☐ the States indicated in
for the purposes of: State s the United States of America of America only the Supplemental Box

Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Simcik, Mark E.
141 Park Avenue
Bloomfield, Connecticut 06002
United States of America

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality: US

State (i.e. country) of residence: US

This person is applicant ☐ all designated ☐ all designated States except ☒ the United States ☐ the States indicated in
for the purposes of: States the United States of America of America only the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include code and name of country)

YIP, Alex L.
LONDA AND TRAUB LLP
20 Exchange Place, 37th Floor
New York, New York 10005
United States of America

Telephone No. (212) 968-1300

Facsimile No.: (212) 968-1307

Teleprinter No.

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Crowe, Allen A.
76 Klein Drive
Prospect, Connecticut 06712
United States of America

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality: US

State (i.e. country) of residence: US

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

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This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

☐ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

☐ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT.

☒ **EP** European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT

☐ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Cote d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify)

National Phase

<input type="checkbox"/> AL Albania	<input type="checkbox"/> LS Lesotho
<input type="checkbox"/> AM Armenia	<input type="checkbox"/> LT Lithuania
<input type="checkbox"/> AT Austria	<input type="checkbox"/> LU Luxembourg
<input type="checkbox"/> AU Australia	<input type="checkbox"/> LV Latvia
<input type="checkbox"/> AZ Azerbaijan	<input type="checkbox"/> MD Republic of Moldova
<input type="checkbox"/> BA Bosnia/Herzegovina	<input type="checkbox"/> MG Madagascar
<input type="checkbox"/> BB Barbados	<input type="checkbox"/> MK The former Yugoslav Republic of Macedonia
<input type="checkbox"/> BG Bulgaria	<input type="checkbox"/> MN Mongolia
<input type="checkbox"/> BR Brazil	<input type="checkbox"/> MW Malawi
<input type="checkbox"/> BY Belarus	<input type="checkbox"/> MX Mexico
<input checked="" type="checkbox"/> CA Canada	<input type="checkbox"/> NO Norway
<input type="checkbox"/> CH and LI Switzerland and Liechtenstein	<input type="checkbox"/> NZ New Zealand
<input type="checkbox"/> CN China	<input type="checkbox"/> PL Poland
<input type="checkbox"/> CU Cuba	<input type="checkbox"/> PT Portugal
<input type="checkbox"/> CZ Czech Republic	<input type="checkbox"/> RO Romania
<input type="checkbox"/> DE Germany	<input type="checkbox"/> RU Russian Federation
<input type="checkbox"/> DK Denmark	<input type="checkbox"/> SD Sudan
<input type="checkbox"/> EE Estonia	<input type="checkbox"/> SE Sweden
<input type="checkbox"/> ES Spain	<input type="checkbox"/> SG Singapore
<input type="checkbox"/> FI Finland	<input type="checkbox"/> SI Slovenia
<input type="checkbox"/> GB United Kingdom	<input type="checkbox"/> SK Slovakia
<input type="checkbox"/> GE Georgia	<input type="checkbox"/> SL Sierra Leone
<input type="checkbox"/> GH Ghana	<input type="checkbox"/> TJ Tajikistan
<input type="checkbox"/> GM Gambia	<input type="checkbox"/> TM Turkmenistan
<input type="checkbox"/> GW Guinea-Bissau	<input type="checkbox"/> TR Turkey
<input type="checkbox"/> HR Croatia	<input type="checkbox"/> TT Trinidad and Tobago
<input type="checkbox"/> HU Hungary	
<input type="checkbox"/> ID Indonesia	<input type="checkbox"/> UA Ukraine
<input type="checkbox"/> IL Israel	<input type="checkbox"/> UG Uganda
<input type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> US United States of America
<input type="checkbox"/> JP Japan	<input type="checkbox"/> UZ Uzbekistan
<input type="checkbox"/> KE Kenya	<input type="checkbox"/> VN Viet Nam
<input type="checkbox"/> KG Kyrgyzstan	<input type="checkbox"/> YU Yugoslavia
<input type="checkbox"/> KP Democratic People's Republic of Korea	<input type="checkbox"/> ZW Zimbabwe
<input type="checkbox"/> KR Republic of Korea	
<input type="checkbox"/> KZ Kazakhstan	
<input type="checkbox"/> LC Saint Lucia	
<input type="checkbox"/> LK Sri Lanka	
<input type="checkbox"/> LR Liberia	

Check-boxes reserved for designating States (for the purpose of a national patent) which have become party to the PCT after issuance of sheet

☐

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation of fees. Confirmation must reach the receiving office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

Further priority claims are indicated in the Supplemental Box []

Filing Date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				

— The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s):

*Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(ii). See Supplemental Box

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA)
(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen: the two-letter code may be used):

ISA / US

Request to use results of earlier search: reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) Number Country (or regional Office)

Box No. VIII CHECK LIST: LANGUAGE OF FILING

This international application contains the following number of sheets:

request : 4
description (excluding sequence listing part) : 20
claims : 7
abstract : 1
drawings : 5
sequence listing part of description : _____

Total number of sheets : 37

This international application is accompanied by the item(s) marked below:

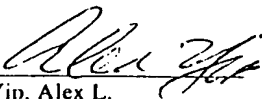
1. ☒ fee calculation sheet
2. ☐ separate signed power of attorney
3. ☐ copy of general power of attorney; reference number, if any:
4. ☐ statement explaining lack of signature
5. ☐ priority document(s) identified in Box No. VI as item(s):
6. ☐ translation of international application into (language):
7. ☐ separate indications concerning deposited microorganism or other biological material
8. ☐ nucleotide and/or amino acid sequence listing in computer readable form
9. ☒ other (specify): check in the amount of \$1,780.00

Figure of the drawings which should accompany the abstract: 2

Language of filing of the international application:

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

By 
Yip, Alex L.
Attorney/Agent
Reg.No. 34,759

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1. Date of actual receipt of the purported International Application:	2. Drawings ____ received: ____ not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority specified by the application: (if two or more are competent): ISA/	
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

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Date of receipt of record copy
by the International Bureau: